



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

PRIVATE NONPROFIT TRANSPORTATION PROVIDERS

APPLICATION FEE: \$50

This application packet contains the following information:

- ☐ Questionnaire: Do I need a private nonprofit transportation provider certificate?
- ☐ Application
- ☐ WAC 480-31
- ☐ "Your Guide to Achieving a Satisfactory Safety Rating"

Private, nonprofit corporations providing transportation services for compensation solely to persons with special transportation needs must apply for and receive a certificate from our agency.

"Persons with special transportation needs" are those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase appropriate transportation.

You **may not begin** operations as a private nonprofit transportation provider until you are granted authority and a certificate is issued to you. A DOT number must also be obtained from the Federal Motor Carrier Safety Administration (FMSCA) before your certificate will be issued.

Insurance/Bond: You must file and maintain bodily injury and property damage insurance (Form E) or a surety bond (Form G) covering each motor vehicle you operate in Washington. You must file and maintain insurance or a surety bond at the following minimum levels.

Motor vehicles that:	Must have insurance or a surety bond at the following minimum levels:
Have a passenger seating capacity of fifteen or less (including the driver)	\$ 500,000 combined single limit coverage (CSL)
Have a passenger seating capacity of sixteen or more (including the driver)	\$ 1,000,000 combined single limit coverage (CSL)

Mail completed application with fees of \$50.00 and attachments to:

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PO BOX 47250
OLYMPIA, WA 98504-7250**

QUESTIONNAIRE

DO I NEED A PRIVATE NONPROFIT TRANSPORTATION PROVIDER CERTIFICATE?

1. Is your organization registered with the Secretary of State's office as a nonprofit corporation?

Yes ☐ No ☐

2. Does your organization transport passengers with special needs, those that because of physical or mental disability, income status, or age are unable to transport themselves?

Yes ☐ No ☐

3. Does your organization receive compensation from direct fares, contracts, grants, or by other means, for the express purpose of providing transportation services?

Yes ☐ No ☐

If you answered "Yes" to the above questions, you need to apply for a certificate to operate as a private, nonprofit transportation provider.

If you answered "No" to any of the questions, you do not need to obtain a certificate to operate as a private, nonprofit transportation provider from our agency.



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PRIVATE NONPROFIT TRANSPORTATION PROVIDERS CERTIFICATE APPLICATION

Private Nonprofit Transportation Provider Certificate												<u>Fee Required</u>																			
Application fee												\$50.00																			
<input type="checkbox"/> New Certificate – If you are applying for an initial certificate.																															
<input type="checkbox"/> Reinstate Certificate – If you are applying to reactivate a certificate which has been canceled.																															
<input type="checkbox"/> Transfer Certificate – If you are applying to transfer an existing certificate to a new corporation or a new corporate name. (see section regarding “Transfer of Certificate”)																															
TYPE OF PAYMENT																															
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa																															
Credit Card Information (if applicable)														Exp Date																	
														Month/Year																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																															
Amount \$ _____ Company Name: _____																															
<p>CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.</p>																															
Cardholder's signature: _____ Date: _____																															
(For Commission Use Only) 111 0268 231 02				Company ID:				Docket TN--																							
				Insurance:				Safety Inspection:																							
Date Filed:				DOL/SOS:				Certificate Issued: NPC-																							

CONDITIONS JUSTIFYING GRANT OF CERTIFICATE

(Attach Additional Sheet if Necessary)

APPLICANT INFORMATION

Name of Applicant: _____

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street _____ Street _____

City _____ City _____

State/Zip _____ State/Zip _____

Phone Number: _____ Fax Number: _____

UBI #: _____ E-Mail: _____

Principal Officers: (List names, titles, and addresses of two principal officer of the nonprofit corporation)

<u>Name</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

List your USDOT # _____ (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity

Describe the transportation service you will provide to persons with special transportation needs. Please include:

- A description of the special transportation needs that exist.
- The source of your compensation and the stated purpose (for example: a grant from a federal, state, or local transit agency to purchase a vehicle for providing transportation; or from a for-profit corporation or other source that provides grants to charitable organizations for the purpose of providing general assistance or education to the hearing impaired)

SAFETY AND OPERATIONS

TRANSFER OF CERTIFICATE

Complete this section ***only*** if you are transferring an existing certificate to a new corporation or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE: _____

CERTIFICATE NUMBER: _____

INSURANCE REQUIREMENTS (must check one) (certificate will not be issued until acceptable insurance is received)

- | | |
|---|---|
| <input type="checkbox"/> The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 (CSL) in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver's License and Controlled Substance and Alcohol Training/Testing. | <input type="checkbox"/> The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 (CSL) in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver's License and Controlled Substance and Alcohol Training/Testing. |
|---|---|

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name:

Position:

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name:

Position:

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name:

Position:

DECLARATION OF APPLICANT

I understand that the filing of this application does not in itself constitute authority to operate as a private, nonprofit transportation provider and that no operations may be conducted until a certificate is received from the commission..

As the applicant for a private, nonprofit transportation provider, I understand the responsibilities of a private, nonprofit transportation provider, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant _____

Signature of applicant _____

Date _____ County, State _____